

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Number::  
Filing date:: 09/16/2003  
Application Type:: Utility  
Title Line One:: Variable Field of View Optical System  
Attorney Docket Number:: EM-1997  
Request for  
Non-Publication?:: Yes  
Total Drawing Sheets:: 2  
Small Entity?:: No

### APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: US  
Inventor One Given Name:: Amy  
Middle Name:: G.  
Family Name:: Graham  
City of Residence:: Orlando  
State or Province of  
Residence:: FL  
Country of Residence:: US  
Street of Mailing Address:: 112 Thornton Avenue N.  
City of Mailing Address:: Orlando  
State or Province of  
Mailing Address:: FL  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing  
Address:: 32801

Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: US  
Inventor Two Given Name:: Max  
Family Name:: Amon  
City of Residence:: Maitland  
State or Province of  
Residence:: FL  
Country of Residence:: US  
Street of Mailing Address:: 1727 Lake Waumpi Drive  
City of Mailing Address:: Maitland  
State or Province of  
Mailing Address:: FL

**Country of Mailing Address::** US  
**Postal or Zip Code of Mailing Address::** 32751  
**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Inventor Three Given Name::** Richard  
**Middle Name::** A.  
**Family Name::** LeBlanc  
**City of Residence::** Clermont  
**State or Province of Residence::** FL  
**Country of Residence::** US  
**Street of Mailing Address::** 12012 Skyview  
**City of Mailing Address::** Clermont  
**State or Province of Mailing Address::** FL  
**Country of Mailing Address::** US  
**Postal or Zip Code of Mailing Address::** 34711

#### **CORRESPONDENCE INFORMATION**

**Correspondence Customer No.::** 005179  
**Phone Number::** (505) 998-1500  
**Fax Number::** (505) 243-2542  
**E-Mail Address::** JMyers@Peacocklaw.com

#### **REPRESENTATIVE INFORMATION**

**Representative Customer Number::** 005179

#### **ASSIGNEE INFORMATION**

**Assignee Name::** Lockheed Martin Corporation  
**Street of Mailing Address::** 6801 Rockledge Drive  
**City of Mailing Address::** Bethesda  
**State or Province of Mailing Address::** MD

**Country of Mailing Address:: US**  
**Postal or Zip Code of Mailing**  
**Address:: 20817**